

# Clark Audiology & Hearing Aid Center

## NOTICE OF PRIVACY PRACTICES

This document describes the type of information The Audiology Offices gathers about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions regarding this Privacy Notice, please contact our office.

### Uses and Disclosures:

There are a number of situations where we may use or disclose to other persons or entities your confidential medical information. Certain uses and disclosures will require you to sign an Acknowledgement that you received our Notice of Privacy Practices, including treatment, payment and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures required by law or under emergency circumstances, may be made without your Acknowledgment or authorization. Under any circumstances, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of disclosure.

**Use and disclosure without Patient Acknowledgement of this Notice:** We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential medical information for the following purposes:

**Treatment:** We will use your medical information to make decisions about the provision, coordination or management of your hearing health care, including diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your medical information with another health care provider whom we need to consult with respect to your care. We may also disclose certain information to a facility or other providers should you require surgery or other hospital care. These are only examples of uses and disclosures of medical information for treatment purposes that may or may

not be necessary in your case.

**Payment:** We may need to use or disclose information in your medical record to obtain reimbursement from you or your health insurance plan, or another insurer for our services rendered to you. This may also include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for purposes of reimbursement. This information may also be used for billing, claims management and collection purposes together with related health care data processing through our system.

**Operations:** Your medical records may be used in our business planning and development operations, including improvement in our methods of operation, and general administrative functions. We may also use this information in our overall compliance planning, medical review activities, and arranging for legal and auditing functions.

**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our facility.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

### Other Uses or Disclosures of Privacy Practices:

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include hearing aid manufacturers, earmold laboratories, repair facilities, accountants and legal advisers. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health

information relevant to that person's involvement in your care or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Marketing:** We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Use and Disclosure without Acknowledgment or Authorization:** There are certain circumstances under which we may use or disclose your medical information without first obtaining your Acknowledgment or Authorization. Those circumstances generally involve public health and oversight activities, law enforcement activities, judicial and administrative proceedings and in the event of death. We are required to appropriate agencies and law enforcement officials information that you or another person are in immediate threat of danger to your health or safety as a result of violent activity. We must also provide medical record information when ordered by a court of law to do so.

**Authorization for Use or Disclosure:** Except as outlined in the above sections, your medical information will not be used or disclosed to any other person or entity without your specific authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other

person or entity with respect to information concerning mental health treatment, drug and alcohol abuse, HIV/AIDS, or sexually transmitted diseases which may be contained in your medical records. We likewise will not disclose your medical record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as result of injuries sustained in an automobile accident, or to education authorities, without your written authorization.

**Individual Rights:** You have certain rights with respect to your medical record information, as follows:

1. You may request that we restrict the uses and disclosures of your medical records information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restrictions; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.

2. You have the right to request receipt of confidential communications of your medical information by alternative means or at an alternative location. If you require such accommodation, you will be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

3. You have the right to inspect, copy and request amendments to your medical records. Access to your medical records will not include notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding or for which you access is otherwise restricted by law. We will charge a reasonable fee for providing a copy of your medical records, or a summary of those records, at your request, which includes the cost of copying, postage, and/or preparation of an explanation or summary of the information.

4. All requests for inspection, copying and/or amending information in your medical records must be made in writing and be addressed to the "Privacy Officer" at our address. We will respond to your request in a timely fashion.

5. You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health care operations, disclosures that require an Authorization, disclosures incidental to another permissible use or disclosure, and otherwise as allowed by law. Your request must state a time period that may not be longer than six years and may not include dates before February 26, 2003. Your

request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost and you may choose to withdraw or modify your request at the time before any costs are incurred. We will not charge you for the first accounting in any 12-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.

6. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically, and take one home with you if you wish.

7. All requests related to your rights herein must be made in writing and addressed to "Privacy Officer" at the address noted below.

**Our Duties:** We have the following duties with respect to the maintenance, use, and disclosure of your medical records:

1. We are required by law to maintain the privacy of the protected health information in your medical records and provide you with this Notice of its legal duties and privacy practices with respect to that information.

2. We are required to abide by the terms of this Notice currently in effect.

3. We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and medical records we have and continue to maintain. All changes in this Notice will be prominently displayed and available at our office.

**Complaints:** You may file a written complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights with respect to confidential information in your medical records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in case of the complaint to us) or to the person designated by the U.S. Department of Health and Human services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints on-line at the government's website: <http://www.hhs.gov/ocr/hipaa>

**Contact Person:** All questions concerning this Notice or requests made pursuant to it should be addressed to: 401 W. Germantown Pike, E Norriton 19403

**Effective Date:** This Notice is effective and applies to all protected health information contained in your medical records maintained by us. You are entitled to a copy of our Notice of

Privacy Practices yearly. Please send your request to the "Privacy Office" listed in the above address.

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

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Signature of Patient or Legal Representative

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Date

If signed by a legal representative, relationship to patient

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